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	Fax: (703) 872-9306 From: Laura Haburay Bishop (661) 362-1906 (phone) (661) 362-1507 (fax) Date: April 22, 2004 Pages: Eight (8), Including Cover Page Re: Office Action for S/N 10/057,115; Attorney Docket No.: AB-210U	Name <u>Laura Haburay Bishop</u> Signature <u>[Signature]</u> Date <u>2004 Apr 22</u>

MESSAGE:

Please find attached:

- Transmittal Letter, listing the following items (1 page);
- Extension of time request, including authorization to charge \$110 to Deposit Account (1 page);
- Copy of extension of time request (1 page); and
- Amendment A, responding to an Office Action mailed December 22, 2003 (Paper #4) for Application **Serial Number 10/057,115**. (4 pages)

Thank you.

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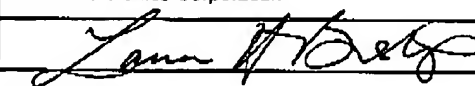
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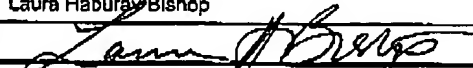
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TRANSMITTAL FORM (to be used for all correspondence after initial filing)	Application Number	10/057,115	
	Filing Date	January 24, 2002	
	First Named Inventor	Whitehurst, Todd K.	
	Art Unit	3762	
	Examiner Name	Jeffery R. Jastrab	
Total Number of Pages In This Submission	7	Attorney Docket Number	AB-210U

ENCLOSURES (check all that apply)		
<input type="checkbox"/> Fee Transmittal Form <input type="checkbox"/> Fee Attached <input checked="" type="checkbox"/> Amendment / Reply <input type="checkbox"/> After Final <input type="checkbox"/> Affidavits/declaration(s) <input checked="" type="checkbox"/> Extension of Time Request, and copy of request <input type="checkbox"/> Information Disclosure Statement <input type="checkbox"/> Certified Copy of Priority Document(s) <input type="checkbox"/> Response to Missing Parts/Incomplete Application <input type="checkbox"/> Response to Missing Parts under 37 CFR 1.52 or 1.53	<input type="checkbox"/> Drawing(s) <input type="checkbox"/> Licensing-related Papers <input type="checkbox"/> Petition <input type="checkbox"/> Petition to Convert to a Provisional Application <input type="checkbox"/> Power of Attorney, Revocation Change of Correspondence Address <input type="checkbox"/> Terminal Disclaimer, and copy of terminal disclaimer <input type="checkbox"/> CD, Number of CD(s) _____	<input type="checkbox"/> After Allowance Communication to Group <input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences <input type="checkbox"/> Appeal Communication to Group (Appeal Notice, Brief, Reply Brief) <input type="checkbox"/> Proprietary Information <input type="checkbox"/> Status Letter <input type="checkbox"/> Other Enclosure(s) (please identify below):
Remarks		

SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT	
Firm or Individual name	Laura Haburay Bishop, Reg. No. 47424 Advanced Bionics Corporation
Signature	
Date	April 22, 2004

CERTIFICATE OF TRANSMISSION/MAILING			
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Typed or printed name	Laura Haburay Bishop		
Signature		Date	April 22, 2004

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